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FROM THE ACC

President's Page: The Global College of Cardiology

It's a Small World After All

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Thomas Friedman's book, *The World Is Flat*, is an update on globalization (1). In it, Friedman describes 10 forces that "flattened" the world. The first "flattener" was the fall of the Berlin Wall on November 9, 1989. This seminal event, which Friedman titles "The New Age of Creativity: When the Walls Came Down and the Windows Went Up," was related at least in part to the information revolution, which started in the late 1970s with the introduction of home computers and was subsequently followed by personal computers, the widespread dissemination of information via the Internet, and other global communication strategies. The 10th and final flattener is titled "The Steroids," which refers to digital, mobile, personal, and virtual technologies. Friedman ends his description of these 10 flatteners with the following: "More people from more places have started asking one another the same two questions: Can you hear me now? Can we work together now?"

The impact of these forces on our "Global College of Cardiology" is profound. Our past and present, and even more, our future, are bound up in this movement. Numerous examples abound. A novel approach to revascularization was developed in Europe by a German angiologist and was showcased at American meetings (i.e., the 49th Annual Scientific Session of the American Heart Association, Miami, Florida, November 1975). The procedure was taught in Zurich, Switzerland, and then was disseminated around the world to become the most commonly employed means of revascularization, namely, percutaneous coronary intervention (PCI). Primary PCI for acute myocardial infarction was promulgated and popularized in Kansas City, Missouri, and then became a standard of care worldwide, forming a core principle of the American College of Cardiology (ACC) guidelines. Radical techniques for chronic total occlusion were developed in Japan and Korea and are demonstrated to be far superior to other strategies used in either the United States or Europe. Three-dimensional imaging was invented and spread widely. The concept of computed tomography and the earliest development and validation of a prototype occurred in the small southeast Minnesota town of Rochester, and it revolutionized modern medicine. The list goes on and on—invented in one time zone, designed in another time zone, tested in many different time zones, and then distributed and used in every time zone, forming standards of care.

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The ACC has been at the forefront of globalization—flattening the artificial boundaries to the spread and application of science. So, what does the Global College of Cardiology look like in 2011? It is still a college to be sure, based upon science and education, but it has spread to occupy a space with no boundaries.

To date, the College has 50 United States chapters, 12 active international chapters, and more requests for international chapters pending. In addition, there are "twinning" arrangements between chapters in the United States and chapters abroad that have resulted in exchanges of physicians and scientists between states, such as California and Pennsylvania, and countries, such as the United Kingdom and Italy. These important

initiatives have been pushed and embraced by ACC member leaders such as Huon Gray, MD, FACC, and John Harold, MD, MACC, as well as ACC's International Affairs staff.

International membership in the ACC also has increased by an average of 4.6% per year and includes fellows, masters, associate members, affiliates, cardiac care associates, and physicians-in-training. The relative share of revenue for the annual meeting in 2011 was 58% international and 42% domestic. Abstracts submitted by international authors now make up 51% of all submissions at the Annual Scientific Session. In our live case discussions, the experience of operators on panels has an international flavor as we learn from each other. International growth areas in addition to membership, meeting attendance, and abstract presentation, include digital products and participation with international registries based upon the National Cardiovascular Data Registry model. Finally, international revenue accounts for approximately 12% of the total ACC budget.

Cardiovascular disease knows no boundaries—it will continue to be the most common cause of mortality related to noncommunicable diseases worldwide. As such, our efforts to combat it are worldwide in scope, both in terms of science and education. We are indeed a Global College of Cardiology with huge potential to make a worldwide difference.

No matter what you might think of Thomas Friedman's book (1), his 2 questions to a global world—"Can you hear me now?" and "Can we work together now?"—resonate with all of us.

From the ACC to you!

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